Name in Full

Certificate of Death

Mrs. Gov. Pennington

Town

County

Died at Harford MARYLAND

Date 189 9 Month 1 Day 7 | Age Y. 3 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 9

Husband of
Wife

Father's Name

Mother's Name

Cause of Death { Primary Consumption 220 | Immediate

How long sick

Accident, Suicide, Homicide

Reported by Aegis & Intelligencer 1-10

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full

John T. Cole

Certificate of Death

Died at Town: Aberdeen County: Harford MARYLAND

Date 189 9 Month: 11 Day: 3 | Age Y. 69 M. D. | Native of | Occupation

Male ~~Female~~ | White Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 3

Husband of

Wife

Father's Name

Mother's Name 161

Cause of Death: Primary — complication of diseases — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Bel Air Times 11-11

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Wm. Curry

Certificate of Death

Died at Deer Creek Bridge (Town) Harford (County) MARYLAND

Date 189 9 | Month 11 | Day 7 | Age Y 71 M. D. | Native of | Occupation

Male ~~Female~~ | White Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 10

Husband of
Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 | Immediate

How long sick

Accident, Suicide, Homicide

Reported by Aegis + Intelligencer 11-10

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Name in Full

Certificate of Death

Thos. Melancte Doyle

Town

County Harford

Died at MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189 9	11	3	Age	14		

Male / Female

White / Colored

Married / Single / Widow / Widower / Divorced

Number of children living

Husband of

Wife

Father's Name Thos. J. Doyle

Mother's Name

Cause of Death — Primary

Immediate

161

How long sick

Accident, Suicide, Homicide

Reported by Aegis & Intelligencer 11-10

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

John Henry Durbin

Died at Town: Ivebster County: Harford MARYLAND

Date 1898 Month: Nov Day: 4 Age Y. 75 M. 6 D. Native of: md Occupation: Laborer

Male ~~Female~~ ~~White~~ Colored ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 1

Husband ~~Wife~~ of Mary Emma Gage 57

Father's Name [illegible] Mother's Name [illegible]

Cause of Death: Primary Mitral regurg. & Aortic Stenosis How long sick 6 weeks

Immediate Hemiplegia. Ephanetion. ~~Accident, Suicide, Homicide~~

Reported by J. L. Hofferino M.D.

Address Garland Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968

Name in Full David Louis Finny

Certificate of Death

Died at Jerusalem (Town) Harford (County) MARYLAND

Date 189 9 Month Nov Day

Age Y. 30 M. D.

Native of Balto Co

Occupation clerk

Male / ~~Female~~

White / ~~Colored~~

Married / ~~Single~~ / ~~Widow~~ / ~~Widower~~ / ~~Divorced~~

Number of children living 2

Husband / ~~Wife~~ of Emma Finny

Father's Name —

Mother's Name —

Cause of Death: Primary unknown 161

How long sick 3 weeks

Immediate Kidney + Bowel Disease

~~Accident, Suicide, Homicide~~

Reported by J. F. Klinefelter

Address Fork Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full

Certificate of Death

Madeline Glenn

Died at Town near Bradshaw County Harford MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
1	2	6				

Date 1899

~~Male~~ Female

White ~~Colored~~

~~Married~~ Single

Widow ~~Widower~~

~~Divorced~~

Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death: Primary 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Aegis & Intelligencer 1-10

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Mary Galbreath

Town

County

Died at Harford MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1899 11	8	Age 67				

~~Male~~ Female

White Colored

~~Married~~ Single

~~Widow~~ ~~Widower~~

Divorced

~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary — 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Aegis & Intelligencer 1-17

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Harry Stanley Germann

Died at Aberdeen (Town) County Harford MARYLAND

Date 1899 Month 11 Day 3 | Age Y. infant M. D. | Native of | Occupation

Male ~~Female~~ | White Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name Lester Germann

Mother's Name

Cause of Death: Primary 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Bel Air Times 11-11

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificata of Daath

Nicholas John Glenn

Town

County

Harford

Died at

MARYLAND

	Month	Day	Y.	M.	D.	Nativa of	Occupation
Date 1899	11	16	Age 64				

Male ~~Female~~ White Colorad Married Single Widow Widower Divorcad Number of children livlng

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary paralysis 44 / Immediate

How long sick

Accident, Sulcide, Homicide

Reported by Regis & Intelligencer 11-17

Address

Must be signed by physician, if any in attendance, otherwisa by coroner, undertaker or ministar.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Cer. Kennedy

Died ~~at~~ near Town Morton County Harford MARYLAND

Date 189 9 Month 11 Day 12 | Age Y. 79 M. D. | Native of | Occupetion

Mele ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living 7

Husband of
Wife

Father's Name

Mother's Name 97

Cause of Death { Primary Insanis disease | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Aegis & Intelligencer 11-17

Address

Must be signed by physician, if eny in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Mrs Keziah C. McComas

Died at Town near Singer County Harford MARYLAND

Date 189 4 Month 11 Day 23 | Age Y. 87 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~

Number of children living 3

~~Husband~~ Wife of Henry L. McComas

Father's Name

Mother's Name

Cause of Death { Primary 161 Immediate

How long sick

Accident, Suicide, Homicide

Reported by Bel Air Times 12-2

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Mabel A. Masteller

Town

County Harford

Died at MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
11	13	4				

Date 189 9

~~Male~~ Female

White ~~Colored~~

~~Married~~ Single

~~Widow~~ ~~Widower~~

~~Divorced~~ ~~Number of children living~~

Husband of

Wife

Father's Name Matthew C. Masteller

Mother's Name

Cause of Death: Primary

Immediate

161

How long sick

Accident, Suicide, Homicide

Reported by Md. Journal 11-25-

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Rebecca Pennington — Certificate of Death

Town Havre de Grace County Harford County — MARYLAND

Died at

Date 1899 — Month Jan Day 8 — Age Y. 61 M. 4 D. 17 — Native of Havre de Grace — Occupation

~~Male~~ Female — White ~~Colored~~ — Married ~~Single~~ — Widow ~~Widower~~ — ~~Divorced~~

Number of children living 6

~~Husband~~ Wife of J. A. Pennington

Father's Name

Mother's Name Rebecca Holloken

Cause of Death — Primary Paralytic Cerebral Lesion — How long sick 2 years

Immediate Hemorrhage 254 — Accident, Suicide, Homicide

Reported by A. C. Cottrell

Address Havre de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 88968

Name in Full Robert Nelson Rampley

Certificate of Death

Died at Town Jarrettsville County Harford MARYLAND

Date 1899 Month 11 Day 29 | Age Y. 58 M. D. | Native of | Occupation

~~Male~~ ~~Female~~ | ~~White~~ ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow Widower | Divorced Number of children living 1

Husband of Wife Frances R. Maul

Father's Name Capt. Jas. Rampley | Mother's Name

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Union 12-2

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70893

Name In Full

Certificate of Death

Alexander A Smith

Town

County

Died at Magnolia Harford MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189 4	11	15	Age 51		Md	work

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living one

Husband of Wife Frank Smith

Father's Name

Mother's Name

Cause of Death: Primary Pneumonia — How long sick 8 wks

Immediate

~~Accident, Suicide, Homicide~~

Reported by L. D. R. Stier

Address Perryman

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full

Certificate of Death

Mrs. Josiah Sparks

Died ~~at~~ near Town Corbetts County Harford MARYLAND

Date 189 9 | Month 11 Day 4 | Age Y. M. D. | Native of / | Occupation

~~White~~ | White | Married | Widow | ~~Divorced~~

Female | Colored | ~~Single~~ | ~~Widowed~~ | Number of children living 2

Husband of

Wife

Father's Name Capt. John Sparks

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Aegis & Intelligencer 11-10

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Mary A Summers

Died at Town Leonardtown County St Marys MARYLAND

Date 1899 Month Oct Day 24 | Age Y. 71 M. 7 D. | Native of Md | Occupation Housewife

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living 4

Husband / Wife of Peter Summers 141

Father's Name Amon Jones | Mother's Name Ellen Dodson

Cause of Death — Primary: Emaciation Debility — How long sick 3 weeks

Immediate: Paralysis — Accident, Suicide, Homicide

Reported by Dr. R H Smith

Address Leonardtown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968